



GP1648

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Assignee: XY, Inc.

Inventors: John Schenk

Serial No: 09/478,299

Filed: January 5, 2000

For: METHOD OF
CRYOPRESERVING
SELECTED SPERM CELLS

Group Art Unit: 1648

Examiner: Not yet assigned

Attorney Docket No.: 22091-701 CON1

Certificate of Mailing Under 37 C.F.R. § 1.8

Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: May 12, 2000

Type or Print Name of Person Mailing: Laurie Oppenheimer

Laurie Oppenheimer

Signature of Person Mailing

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

RESPONSE & FEE TRANSMITTAL

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Sir:

In response to the Office Action mailed on April 12, 2000, enclosed herewith for filing are the following.

- ☒ A Response to the Office Action (Restriction Requirement)
☐ Revocation of Power of Attorney and Appointment of New Attorney
☐ Amendment after Final Action Under 37 C.F.R. § 1.116
☐ Request for Extension of Time (one month) to File Response Under 37 C.F.R. § 1.136 (a).
_____ A Check in the amount of _____ for the fee for the Extension of Time is enclosed:
_____ Charge the fee of _____ for the Extension of Time to Deposit Account No. 50-1189.
_____ Docket No.: _____. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. Sections 1.16-1.17 or to credit any overpayment, to Deposit Account No. 50-1189, Docket No.: 22091-701 CON1. Should no proper payment be enclosed herewith, as by a check being in the wrong account, unsigned, post-date, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1189, Docket No.: 22091-701 CON1. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.



Fee Calculation Claims

					SMALL ENTITY		OTHER	
					Rate	Fee	Rate	Fee
Basic Fee	Current Claims		Highest Previous					
Total Claims	37	-	37	= 0	x 9	\$0	x 18	\$
Indep. Claims	3	-	3	= 0	x 39	\$0	x 78	\$
Multiple Dependent Claim(s):					+ 130	\$	+ 260	\$
					TOTAL:	\$0	TOTAL:	\$

Please address all correspondence regarding this communication to the following address:

Emily M. Haliday
McCutchen, Doyle, Brown & Enersen, LLP
Three Embarcadero Center
San Francisco, California 94111
(650) 849-4910

Respectfully submitted,

Dated: May 12, 2000

By: 

Emily M. Haliday
Registration No.: 38,903

Mailing Address:

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